



NOTRE DAME ACADEMY

A SISTERS OF UNION-CHRÉTIENNE DE SAINT CHAUMOND SCHOOL

2017-2018 STUDENT APPLICATION

If enrollment is not for the next school term, please specify the enrollment year: _____

GRADE LEVEL: Preschool License # 376700222 (Please Circle) 2 days, 3 days, 5 days

Kinder Prep K 1 2 3 4 5 6 7 8

STUDENT INFORMATION:

STUDENT LEGAL NAME: (Last) _____ (First) _____ (M.I) _____

NICKNAME: _____ Male Female

BIRTHDATE: ___/___/___ PLACE OF BIRTH: _____ Primary Language at Home: _____

Last school attended: Name: _____ Address: _____ City: _____

Has student received any special services or support from previous schools? (See back of this form) Yes No

Student is living with: Both Parents Father Mother Guardian

Religion: Catholic Other: _____ Parish Attending: _____

Baptism: Date: ___/___/___ Parish: _____ City: _____

1st Communion: Date: ___/___/___ Parish: _____ City: _____

Ethnic background of the student: American Indian / Alaska Native Asian Black or African American

Hispanic Native Hawaiian / other Pacific Islander White

FAMILY INFORMATION:

Mother Guardian

Father Guardian

Name: _____ Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Employer: _____ Employer: _____

Occupation: _____ Occupation: _____

Religion: Catholic Other: _____ Religion: Catholic Other: _____

Home Phone: (____) _____ - _____ Home Phone: (____) _____ - _____

Work Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Email: _____ Email: _____

Enrollment will not be considered without submission of student's birth certificate, signed Application, and \$75 non-refundable application fee.

X _____ /____/____
Signature of Mother / Guardian Date

X _____ /____/____
Signature of Father / Guardian Date

Notre Dame Academy has a Learning Resource Center that supports students' individual needs. The following information assists us in identifying and designing your child's educational program.

Special Services or Support:

Please list any special services or support your child has received from previous schools:

- Reading Services ____
- Speech and Language Services ____
- Counseling Services ____

Special Education Services:

My child has an Individual Educational Plan (IEP) ____

- Resource Support ____
- Special Day Class ____

My child has NOT received any special services or support from previous schools: ____